## THE TOWN OF CHESTER'S APPLICATION FOR PEDDLER, MERCHANT & SOLICITOR PERMIT CHAPTER 71 OF THE CODE OF THE TOWN OF CHESTER

Peddler's Permit (going from place to place)
License Fee: \$2.00/day; \$10.00/week/\$15.00 month

Transient Merchant (sale of merchandise from one location, i.e. tent, lot, stand)
License Fee: \$45.00/three months or any portion thereof

Charitable Solicitor
No License Fee

PLEASE COMPLETE THIS APPLICATION AND MAIL TO:

THE TOWN OF CHESTER

1786 Kings Highway, Chester, NY 10918 Attn: Linda Zappala, Town Clerk or email to: lzappala@thetownofchester.org

## **EACH PERSON MUST HAVE THEIR OWN TOWN LICENSE**

COMPANY INFORMATION:  Name of Company:  Merchandise:  (state nature of merchandise being sold or offered for sale)  VEHICLE INFORMATION:  Type of Vehicle:  Year  Make  Model  Color  License Plate No.  State:  *Please Provide the following: A copy of the Insurance Card, Driver's License, Vehicle Registration and current Vehicle Inspection with date of expiration.  HEALTH DEPT. INFORMATION:	Applicant(s) Name:					
Business Phone: Cell Phone: Driver's License No	DOB:					
Driver's License No	Address:				<u> </u>	
Are you a Veteran: No Yes COMPANY INFORMATION:  Name of Company:  Merchandise:  (state nature of merchandise being sold or offered for sale)  VEHICLE INFORMATION:  Type of Vehicle:  Year  Make  Model  Color  License Plate No.  State:  *Please Provide the following: A copy of the Insurance Card, Driver's License, Vehicle Registration and current Vehicle Inspection with date of expiration.  HEALTH DEPT. INFORMATION:  Are you required to have Orange County Department of Health Approval: No Yes	Business Phone:	Cell	Phone:			
Are you a Veteran: No	Driver's License No					
COMPANY INFORMATION:  Name of Company:		(attach co	py of License,			
Merchandise:  (state nature of merchandise being sold or offered for sale)  VEHICLE INFORMATION:  Type of Vehicle:  Year  Make  Model  Color  License Plate No.  State:  *Please Provide the following: A copy of the Insurance Card, Driver's License, Vehicle Registration and current Vehicle Inspection with date of expiration.  HEALTH DEPT. INFORMATION:  Are you required to have Orange County Department of Health Approval:  No  Yes	Are you a Veteran: No	Yes				
Merchandise:  (state nature of merchandise being sold or offered for sale)  VEHICLE INFORMATION:  Type of Vehicle:  Year  Make  Model  Color  License Plate No.  State:  *Please Provide the following: A copy of the Insurance Card, Driver's License, Vehicle Registration and current Vehicle Inspection with date of expiration.  HEALTH DEPT. INFORMATION:  Are you required to have Orange County Department of Health Approval: No Yes		<u>C</u>	OMPANY INFO	RMATION:		
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Current Vehicle Inspection with date of expiration.  HEALTH DEPT. INFORMATION:  Are you required to have Orange County Department of Health Approval: No Yes	License Plate No	State:	:			
Current Vehicle Inspection with date of expiration.  HEALTH DEPT. INFORMATION:  Are you required to have Orange County Department of Health Approval: No Yes	*Please Provide the fol	llowing: A copy of	the Insurance	e Card, Driver's Lice	ense, Vehicle Registratio	n and
Are you required to have Orange County Department of Health Approval: No Yes						
		<u>H</u>	EALTH DEPT. I	NFORMATION:		
*If yes, present original DOH License for photocopying	Are you required to hav	e Orange County D	epartment of	Health Approval:	No Yes	
	*If yes, present origina	l DOH License for p	hotocopying			

Under the penalties of perjury, I declare the above information to be true and correct.